

Staffcall Uk Limited

Staff Call UK Ltd

Inspection report

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Ratings

Overall rating for this service	Good	
Is the service safe?	Good	
Is the service effective?	Good	
Is the service caring?	Good	
Is the service responsive?	Good	
Is the service well-led?	Good	

Overall summary

This inspection was unannounced and took place on 23 and 25 February 2015. At the last inspection on 7 January 2014, the registered provider was compliant with all the regulations we assessed.

Staff Call UK Ltd is a domiciliary care agency registered to provide personal care in people's own homes in Kingston upon Hull. The service is able to support people with a wide range of ages, including younger adults and older

people, and assist them with diverse needs. These include mental health needs, physical disability, sensory impairment and people living with dementia. At the time of the inspection three people used the service.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

People who used the service were protected from abuse by trained staff who could recognise the signs of potential abuse and knew what action to take if they suspected it had occurred. We saw that accidents and incidents were investigated and action was taken to improve the service as required.

Before staff commenced working within the service, appropriate checks were undertaken to ensure they were suitable to work with vulnerable people.

Staff completed an in-house induction programme and a range of training pertinent to their role to ensure they had the necessary skills and knowledge to support people effectively. We saw that staff were supported through regular supervisions and one to one meetings with their line manager.

People were supported to make choices in all aspects of their daily lives. Staff encouraged people to choose a healthy balanced diet and ensured they ate sufficient amounts to meet their needs.

Staff we spoke with described how they treated people with dignity and respect during their interactions. People who used the service and their relatives confirmed staff treated them with kindness and compassion whilst supporting them to maintain their independence.

People were supported to follow their hobbies and interests and encouraged to have regular contact with people who were important to them.

During discussions with staff, it was evident they knew people's life histories and preferences for how care and support was to be delivered. Staff responded quickly to people's changing healthcare needs and contacted other healthcare professionals when required.

A quality assurance programme was in place that consisted of audits, assessments and regular spot checks to ensure shortfalls were highlighted and improvements could be made. The registered provider had recently introduced satisfaction surveys to gain the feedback of people who used the service and other relevant people.

A complaints policy was in place at the time of the inspection. A relative we spoke with told us when they had raised a concern; the registered provider had taken action to improve the service their family member received.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. Staff were recruited safely.

Staff knew what action to take to keep people safe from abuse and avoidable harm.

Accidents, incidents and safeguarding concerns were investigated and action was taken to improve the service when required.

People received their medicines safely and as prescribed.

Good



Is the service effective?

The service was effective. Staff completed a range of training to ensure they could support and meet the assessed needs of people who used the service.

People told us consent was gained before care and treatment was provided to them.

People were encouraged to eat a healthy, balanced diet.

Good



Is the service caring?

The service was caring. People told us the staff who supported them were kind, patient and considerate.

People told us staff treat them with dignity and respect.

We saw that people were involved with the planning of their care when they were able to do so.

Good



Is the service responsive?

The service was responsive. The care and support people received was based on their own preferences.

Care plans and risk assessments were reviewed and updated as required. People were supported to follow their hobbies and interests.

Concerns and complaints were investigated appropriately. Action was taken to improve the service when required.

Good



Is the service well-led?

The service was well led. Staff told us the management team were approachable and had an open management style.

A quality monitoring programme was in place to highlight shortfalls in the service and drive improvement.

The registered manager understood their responsibilities and reported incidents when required.

Good



Staff Call UK Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was carried out by an adult social care inspector. It took place on 23 and 25 October 2014 and was unannounced.

During the inspection we spoke with one person who used the service and two relatives to gain their views of the service. We also spoke with the registered manager, the registered provider, two care workers and the two office staff.

We reviewed all three care plans, included their associated risk assessments, care needs assessment, several medication administration records (MARs) and minutes from care review meetings. We also looked at a range of audits covering medication, training, infection control practices and care planning.

We looked at a selection of documentation relating to the management and running of the service. These included five staff recruitment files, the training matrix, training certificates, a selection of policies and procedures, staff rotas, complaints records and minutes from staff meetings.

Is the service safe?

Our findings

One person we spoke with told us they felt safe being supported by the service. They said, “I am very safe when they (staff) come.” A relative of a person supported by the service told us, “We are very safe, the staff know what they are doing and we know who will be coming to the house, so it’s all very well planned and that makes us feel safe.”

Staff had completed training in relation to safeguarding vulnerable adults and knew how to protect people who used the service from abuse. We spoke to two members of staff who independently described the types of abuse that may occur and the action they would take if they suspected abuse had occurred. We were told, “I would report anything immediately” and “I would call the office and tell them what had happened then I have to go in and discuss it with the manager; she will speak to the safeguarding team and social services.” The registered manager explained the process for reporting incidents to the local authority safeguarding team using the risk matrix and threshold criteria.

People who used the service were protected from discrimination. An equality and diversity policy was in place and staff completed training during their induction to ensure they could recognise discriminatory abuse. The registered manager told us, “We have certain questions on our application forms to ensure staffs beliefs align with the companies and they understand that we don’t make judgements on people and would challenge anyone that does.”

Equipment used in people’s home; such as hoists were checked periodically to ensure it was fit for purpose and did not require maintenance or servicing. The registered manager told us, “Staff are responsible for the equipment they use, so they have to check if it has been serviced and make sure that it’s in good working order.” Individualised risk assessments had been created in a number of specific areas to reduce the likelihood of the identified risks occurring. We saw an environmental risk assessment was undertaken of each person’s home before the service provided care and support.

We saw evidence to confirm when accidents, incidents or potential safeguarding issues were identified; appropriate

action was taken to ensure the safety and welfare of people who used the service. The registered manager explained how they had recently worked with the local authority safeguarding team to investigate an incident that had been reported. We saw that whilst the investigation took place, the registered provider had taken action to safeguard the people who used the service.

People were supported by sufficient numbers of suitably trained staff. We saw that there was sufficient staffing levels to support people in line with needs identified in assessments completed by social services. We saw staffing numbers had been increased as people’s level of dependency changed; one person had the frequency of their calls and the number of staff who supported them increased to meet their changing mobility needs.

We checked four personnel files and saw that before staff had commenced working within the service, appropriate checks had taken place. After a successful interview, any gaps in employment history were explored, two references were taken and a disclosure and barring service (DBS) check was completed to ensure the candidate had not been deemed ineligible to work with vulnerable adults.

A medication policy was in place that provided guidance to staff and included information on self-administration, covert medication, administration under the Mental Capacity Act (2005) and refusal to take medicines. We saw evidence confirming staff had completed a safe handling of medication course and had their competency assessed before they prompted and supported people to take their medication as prescribed.

The registered manager told us, “Whenever we start with a new client, we contact the supplying pharmacy; all medication is returned and new medication is sent out in blister packs with accompanying MARs (Medication Administration Records). Blister packs are produced at a pharmacy and contain all of the medication a person needs for each day. Blister packs are recognised as an effective way to reduce medication errors. We checked a selection of MARs and saw they had been completed accurately without omissions. When people had refused to take the medication we saw records to confirm the person’s GP had been contacted for advice and guidance.

Is the service effective?

Our findings

One person who used the service told us they were encouraged to make choices by the staff who supported them. They said, “They (the staff) help me to choose what clothes to wear” and “I choose what food I want and they cook it for me.”

A relative we spoke with said they knew their family member received care and support from staff who had the skills and knowledge to complete their roles effectively. We were told, “They (the staff) are very professional and are very well trained; nothing fazes them or is too much trouble.”

Staff had completed a range of training pertinent to their role including safeguarding vulnerable adults, infection control, health and safety, moving and handling, behaviour that challenges, dementia friends; people living with dementia and safe handling of medication. Further specific training was undertaken to meet the individual needs of each person who used the service, such as, specific rescue medicines and support to people who receive nutrition through a tube directly into their stomach.

We saw staff completed an in-house induction programme based on recognised standards before they commenced working for the service. A member of staff told us, “The induction was good; I have worked in care for a long time so have done lots of training over the years but it was good to refresh everything and just brush up on what I knew.”

Staff were supported during one to one supervisions and annual appraisals; we saw evidence to confirm this. The registered manager explained, “Supervisions are conducted after staff have worked for us for one day, one week and one month” and went on to say, “We make sure staff are supported and we have regular contact with them so we can discuss any issues or concerns they have.”

The care plans we saw had been signed to show people’s agreement with the content. When people lacked the

capacity to provide informed consent, it had been signed on their behalf by an appointed person. A member of staff we spoke with said, “Just because people don’t have the capacity to make certain decisions, that doesn’t mean they can’t give their consent for things on a day to day basis.” Another member of staff told us, “I explain what I am going to do before I do it and always gain consent before I provide any kind of support.”

We saw referrals were made to relevant healthcare professionals to ensure people’s evolving healthcare needs were consistently met. People’s care plans had district nurse and GP information including contact details so staff could inform them immediately if they recognised any changes to the person they were supporting.

People were encouraged to eat a healthy, balanced diet. Nutritional care plans had been developed to support people as required and ‘food and fluid’ charts were used to record what people had eaten and drank during each visit. A member of staff explained, “XXXX has healthy options in the house now; when I started to support him all he had was a freezer full of microwave meals.”

People were involved in decisions about what they ate and drank. A member of staff told us, “XXXX can choose to eat whatever he wants but I try and encourage him to eat as healthy as possible. The registered manager told us, “Some people have shopping calls so our staff will support them and part of their job is to encourage them to make healthy choices.”

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). During discussions it was clear the registered manager had a good understanding of the principles of MCA and DoLS. The registered manager told us they were aware of the recent changes to legislation but due to the type of service DoLS were not applicable to people who used the service.

Is the service caring?

Our findings

A person who used the service told us they were happy with the level of care and support they received. They said, “I have had lots of carers but the ones who help me now are the best”, “They are very kind and very good at their job” and “We always have a laugh and a joke which is great.” We were also told people were involved in their initial assessment and the planning of their care.

One person who used the service said, “At the beginning, they asked me lots of questions about what help I wanted and when I wanted them to come round; I told them and that’s what they do.”

A relative we spoke with confirmed that a high standard of care was delivered; they told us, “The care is very good indeed” and went on to say, “The carers are spot on and never let us down.” Another relative confirmed staff were caring and respectful during their interactions with their family member. They said, “They always talk my wife through everything when they care for her, they respect her decisions and never try and rush her.”

During discussions with staff, it was evident they knew the people they were supporting including their life histories and preferences for how care and support should be delivered. A member of staff said, “The care plans say what needs to be done but we build up routines and there is an order of when things need to be done.” Another member of staff told us, “One of the best things about this job is that I see the same person every day nearly so I can see what I am doing has a positive impact on his life.”

The registered manager told us staff were trained to support people to be as independent as possible. They said, “The staff know what people can do for themselves because it is written in the care plan; there is a copy in people’s home so they can check whenever they need to.”

Staff we spoke with described how they promoted people’s independence and encouraged them when required. One member of staff said, “We all have our off days so part of the job is understanding when people need more support than usual. I always encourage people to try and do what they can before I assist them.”

We saw that privacy, dignity and human rights were discussed during staff’s initial induction and the registered provider had policies and procedures in place that provided guidance for staff to follow. A ‘charter of rights’ was included in the ‘service user guide’ provided to people at the commencement of the service, which included statements about people’s rights, the registered provider’s confidentiality policy and equalities policy.

Staff told us they would uphold people’s dignity and respect their privacy. They said, “I treat everyone as an individual”, “I always put myself in their shoes and imagine what I would want and how I would feel”, “I cover people with a towel during personal care so they are not exposed” and “I always tell people what I am going to do before I do it so they have the chance to say no or show that they don’t want me to do it.”

Is the service responsive?

Our findings

People were aware of the registered provider's complaints policy and told us they knew how to make a complaint. One person told us, "I can complain to the office or to the staff but I don't have any problems at all." A relative we spoke with said, "I have complained in the past but there is always going to be hic ups no matter what and they sorted things out which is the only thing that matters."

People's assessed needs in relation to personal care, mobility, emotions, behaviours and medication were recorded alongside their personal preferences for how care and support should be delivered; was recorded in their initial assessment. This information was then used to develop a number of individualised care plans that also contained people's skill, abilities, goals and levels of independence. The registered manager told us, "Sometimes our role is to support people to remain as independent as possible in their own homes; other times it is about re-enablement so we look at people's current skills and develop plans to help them become fully independent again."

People were involved with the planning of their care whenever possible. We saw that people's care and support needs and their level of independence was recorded in the initial assessment of needs conducted by the service. The registered manager explained, "During the initial meeting we discuss the social services care plan and check people are happy with the package we have been asked to provide; we then ask our own questions which allows us to produce a full care plan based on all the information we have." A relative we spoke with told us, "I was involved with developing the care plans for my wife; they listened to what I had to say and I think that helped to make sure she gets the care she needs."

We saw people were encouraged to follow their hobbies and personal interests. A person who used the service had enrolled onto a computer course and had been supported to attend the mental health charity, MIND. A member of staff we spoke with said, "One of the people I help had lost their confidence and did not like to go out. We have worked together and talked about it; last week we went into the town together to do a bit of shopping and we are already planning our next trip out." Another person was supported to attend a day centre on a weekly basis.

A member of staff told us, "We have enough time in the calls to give people the social interaction and emotional support they need" and "There is enough time to let people decide what tasks they want doing first and in what order." This helped to ensure that people received the care and support they needed in an individualised and person centred way.

We saw that people who used the service and their relatives were visited by the registered manager or office manager at designated intervals to gain their feedback on the level of service provided. The registered manager told us that the service utilised one day, one week and one month; reviews and assessments. After the initial period reviews were then completed on a quarterly basis.

A complaints policy was in place at the service and a 'concerns and complaints' procedure was provided to people in the service user guide when their care and support commenced. The complaints policy indicated response and investigation timescales and how a complainant could escalate their concerns if they felt they had received a response that was not satisfactory.

We saw evidence to confirm when concerns, complaints or other information had been received by the service; it had been investigated appropriately and responded to in line with the registered provider's policy. Action had been taken to improve the service when required.

Is the service well-led?

Our findings

Staff we spoke with told us they felt supported by the registered manager. Comments included, “The manager is very supportive, I can talk to her and XXX (the registered provider) about anything”, “I can speak to her and get advice anytime”, “I can talk to the management and go to them with any questions I have” and “If I have any problems, I can speak to the manager; she will do whatever is needed to sort things out.”

A relative told us they attended review meetings. They said, “I get my say about what is working well and when I want something changing. I want the best for my wife; the manager and office staff listen to what I have to say and get things sorted.” We were also told, “I did think one carer didn’t suit us very well, I told the office and we had someone new the next day.”

The registered provider included their mission statement and charter of rights in the service user guide. The registered manager told us, “Our ethos is based on people being treated as individuals, empowering them to make decisions and supporting them to remain independent” and went on to say, “Our staff know their role is to deliver the care a person needs at any given time, not just what is written in the care plan.”

Staff told us there was honesty and transparency from the management team when mistakes were made. One member of staff said, “We all make mistakes but we can own up to them and know that we will work to put things

right, not try and blame people.” Another member of staff told us, “When things go wrong we can talk about them openly and constructively and not worry that we will be in trouble.”

Resources were available to develop staff as required. We saw that office staff had been enrolled onto accredited training courses and business management courses to increase their knowledge and skills. A member of staff told us, “I have had shifts covered and lots of support when I have been studying.”

A quality assurance system was in place at the service including a range of audits and compliance assessments. The registered manager told us, “Spot checks are carried out regularly where we check the staff’s time keeping, uniform, ways of working and completion of paperwork.” The registered provider had recently introduced satisfaction surveys that were sent to people who used the service, relatives and healthcare professionals.

The registered manager was aware of their responsibilities to report accidents, incidents and other notifiable events that occurred within the service. The Care Quality Commission (CQC) and the local authority safeguarding team received notifications as required. The registered manager told us they were aware of the local authority safeguarding team’s procedure for reporting incidents. They said, “I am currently investigating an incident and will feedback to the safeguarding team and the CQC when it’s completed.”